

City of Sioux Falls
Circus/Carnival/Show License Application

Date/Location of
Event: _____



Renewal **New Application** For Year: 20_____

BUSINESS

Business Name (as will appear on license): _____

Business Address: _____

Business Phone: _____

SD Sales Tax Number: _____

Verified by Licensing Specialist

Bond/Insurance Policy Number and Expiration Date: Policy Number: _____ Expiration Date: _____

If business is a partnership or corporation, please provide name and address of each partner/officer:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

PERSON COMPLETING APPLICATION

Applicant Name: _____ Social Security Number: _____

Home Address: _____

Home Phone/Cell Phone: _____ Date of Birth: _____

Is applicant also the contact person? Yes No If not, who is the contact person for this application:

Contact Name: _____ Address: _____

Home Phone/Cell Phone: _____

Application made this _____ day of _____, 20_____ **X** _____

Applicant's Signature

TO BE COMPLETED BY CITY OF SIOUX FALLS									
A fee of \$ _____ \$100 per Continuous Engagement \$100 for General Elec. Inspection \$29 Fire Inspection Fee \$5 State Wiring Permit \$5 Each ride or Concession \$20 Each Generator or Transformer has been paid to the City Finance Office as recorded on:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Approved by Sioux Falls Police Department</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Approved by Sioux Falls Fire Rescue</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Approved by Sioux Falls Health Department</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Approved by Sioux Falls Electrical Department</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> </tr> </table>	Approved by Sioux Falls Police Department	Date	Approved by Sioux Falls Fire Rescue	Date	Approved by Sioux Falls Health Department	Date	Approved by Sioux Falls Electrical Department	Date
Approved by Sioux Falls Police Department	Date								
Approved by Sioux Falls Fire Rescue	Date								
Approved by Sioux Falls Health Department	Date								
Approved by Sioux Falls Electrical Department	Date								
Receipt No.: _____	Dated: _____								

License fee is not refundable. License is not transferable.

Submit completed application to:

Jamie L. Palmer, Licensing Specialist, Licensing Office, 224 West Ninth Street, PO Box 7402, Sioux Falls, SD 57117-7402
 • (605) 367-8082 • jpalmer@siouxfalls.org

Requirements: (1) There may be additional charges for various inspections; **(2)** Provide proof of insurance.